PTO/SB/01 (10-06)

Approved for use through 07/31/2006. OMB 0651-0032

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Attorney Docket

Number

| DESIGN PATENT APPLICATION (37 CFR 1.63)                                                                                                                                                                                                                          |                                                                             |                                               | First Named Inventor Girodet  |                            |                                               |              |                     |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------|-------------------------------|----------------------------|-----------------------------------------------|--------------|---------------------|--|--|
|                                                                                                                                                                                                                                                                  |                                                                             |                                               | COMPLETE IF KNOWN             |                            |                                               |              |                     |  |  |
|                                                                                                                                                                                                                                                                  |                                                                             |                                               | Application Number 10         |                            |                                               | /578,036     |                     |  |  |
| Declaration Submitted OR With Initial                                                                                                                                                                                                                            | X Declara                                                                   |                                               | Filing Date                   |                            | <del> </del>                                  | 24/20        |                     |  |  |
|                                                                                                                                                                                                                                                                  | Filing (s                                                                   |                                               | Art Unit                      |                            | 107                                           | 24/20        | 00                  |  |  |
| Filing                                                                                                                                                                                                                                                           | (37 CFF require                                                             | 국 1.16 (e))<br>d)                             | Examiner Na                   | ime                        |                                               |              |                     |  |  |
|                                                                                                                                                                                                                                                                  |                                                                             |                                               |                               |                            | <u>L.                                    </u> |              |                     |  |  |
| I hereby declare that:                                                                                                                                                                                                                                           |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| Each inventor's residence, mailing address, and citizenship are as stated below next to their name.                                                                                                                                                              |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:                                                                                |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
|                                                                                                                                                                                                                                                                  |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| DEVICE FOR CLEANING PROTECTIVE SHEATHS OF UV LAMPS OF A DEVICE FOR                                                                                                                                                                                               |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| DISINFECTING WATER USING UV RADIATION                                                                                                                                                                                                                            |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| /Title of the !                                                                                                                                                                                                                                                  |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| (Title of the Invention) the specification of which                                                                                                                                                                                                              |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| is attached hereto                                                                                                                                                                                                                                               |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| OR .                                                                                                                                                                                                                                                             |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| X was filed on (MM/DD/Y                                                                                                                                                                                                                                          | D/YYYY) 05/02/2006 as United States Application Number or PCT International |                                               |                               |                            |                                               |              |                     |  |  |
| THE MICE OF COMPANY                                                                                                                                                                                                                                              |                                                                             |                                               | as Officeu                    | States Appli               | ication i                                     | Number or i  | 7 International     |  |  |
| Application Number                                                                                                                                                                                                                                               |                                                                             | and was amended                               | on (MM/DD/                    | YYYY) <u> </u>             |                                               |              | (if applicable).    |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.                                                                         |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| I acknowledge the duty to dis                                                                                                                                                                                                                                    | sclose informati                                                            | tion which is materi                          | lal to patenta                | ability as de              | fined in                                      | 37 CFR 1     | .56, including for  |  |  |
| continuation-in-part application and the national or PCT intern.                                                                                                                                                                                                 | ns, material info<br>ational filing da                                      | ormation which beca<br>te of the continuation | ame availabl<br>n-in-part app | e between the<br>lication. | ne filing                                     | date of the  | prior application   |  |  |
| I hereby claim foreign priority                                                                                                                                                                                                                                  | benefits unde                                                               | r 35 U.S.C. 119(a)-                           | (d) or (f), or                | 365(b) of a                | ny fore                                       | ign applicat | tion(s) for patent, |  |  |
| inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.                                                              |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| Prior Foreign Application                                                                                                                                                                                                                                        | Tr Writer priority                                                          | Foreign Filing                                | Date                          | Priority                   |                                               | Certified    | Copy Attached?      |  |  |
| Number(s)                                                                                                                                                                                                                                                        | Country                                                                     | (MM/DD/YYY                                    |                               | Not Claim                  |                                               | YES          | NO                  |  |  |
| PCT/FR04/02882                                                                                                                                                                                                                                                   | PCT                                                                         | November 9,                                   | 2004                          |                            |                                               |              | ×.                  |  |  |
| 03 13262                                                                                                                                                                                                                                                         | France                                                                      | November 12,                                  | 2003                          |                            |                                               |              | ×                   |  |  |
|                                                                                                                                                                                                                                                                  |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
|                                                                                                                                                                                                                                                                  |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.                                                                                                                                              |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |
| [Page 1 of 2]                                                                                                                                                                                                                                                    |                                                                             |                                               |                               |                            |                                               |              |                     |  |  |

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This collection of information is required by 35 U.S.C. 115 end 37 CFR 1.63. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epplication. Confidentiality is governed by 35 U.S.C. 122 end 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed epplication form to the USPTO. Time will vary depending upon the individual cese. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |        | *************************************** |                 |                                 |  |  |  |  |  |
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| correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e address<br>sociated with<br>stomer Number: | 24112  |                                         | OR              | Correspondence<br>address below |  |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | ****   |                                         |                 |                                 |  |  |  |  |  |
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| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |        |                                         |                 |                                 |  |  |  |  |  |
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| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Tele                                         | ephone |                                         | Email           |                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |        |                                         | J               |                                 |  |  |  |  |  |
| <b>=</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | WARNIN | NG:                                     |                 |                                 |  |  |  |  |  |
| Petitioner/applicant is cautioned to avoid submitting personal Information in documents filed In a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                              |        |                                         |                 |                                 |  |  |  |  |  |
| NAME OF SOLE OR FIRST IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VENTOR:                                      | ПАп    | etition has been filed                  | for this unsign | ed inventor                     |  |  |  |  |  |
| Given Name (first and middle [if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | any])                                        |        |                                         | lame or Sumai   |                                 |  |  |  |  |  |
| Pierre Girodet Girodet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |        |                                         |                 |                                 |  |  |  |  |  |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |        |                                         |                 | 20/09/2006                      |  |  |  |  |  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                        |        | Country                                 | Citizen         | ship                            |  |  |  |  |  |
| Asnieres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |        | France                                  | Fra             | France                          |  |  |  |  |  |
| Malling Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |        |                                         |                 | ince                            |  |  |  |  |  |
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| Asnieres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |        | 92600                                   |                 | France                          |  |  |  |  |  |
| X Additional inventors or a legal representative are being named on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |        |                                         |                 |                                 |  |  |  |  |  |

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